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PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number
09/494909OR OTHER THAN
SMALL ENTITY

CLAIMS AS FILED - PART I		SMALL ENTITY		OTHER THAN SMALL ENTITY	
(Column 1)		(Column 2)			
FOR	NUMBER FILED	NUMBER EXTRA	RATE	Fee	RATE
BASIC FEE (37 CFR 1.16(a))				\$ _____	
TOTAL CLAIMS (37 CFR 1.16(c))	6	minus 20 = *	x \$ _____ =		OR \$ _____ =
INDEPENDENT CLAIMS (37 CFR 1.16(b))	2	minus 3 = *	x _____ =		OR x _____ =
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))			+ _____ =		OR + _____ = 160
			TOTAL		OR TOTAL

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II		SMALL ENTITY		OTHER THAN SMALL ENTITY	
(Column 1)		(Column 2)		(Column 3)	
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	* 3	Minus	x \$ _____ =	OR x \$ _____ =
	Independent (37 CFR 1.16(b))	* 3	Minus	x _____ =	OR x _____ =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			+ _____ =	OR + _____ =	
			TOTAL		OR TOTAL ADDIT. FEE
(Column 1)		(Column 2)		(Column 3)	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	* 3	Minus	x \$ _____ =	OR x \$ _____ =
	Independent (37 CFR 1.16(b))	* 3	Minus	x _____ =	OR x _____ =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			+ _____ =	OR + _____ =	
			TOTAL		OR TOTAL ADDIT. FEE
(Column 1)		(Column 2)		(Column 3)	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	* 3	Minus	x \$ _____ =	OR x \$ _____ =
	Independent (37 CFR 1.16(b))	* 3	Minus	x _____ =	OR x _____ =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			+ _____ =	OR + _____ =	
			TOTAL		OR TOTAL ADDIT. FEE
(Column 1)		(Column 2)		(Column 3)	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.
 Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U. S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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